

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS OCT 25 1960

INDEXED

74 -50-037974

Registration District No. 120 Primary Registration District No. 412 Registrar's No. 74 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN King City				Length of stay in 1b		c. CITY OR TOWN King City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION -				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) -	
3. NAME OF DECEASED (Type or print) First Stella Middle L. Evans Last -				4. DATE OF DEATH Month October Day 7 Year 1960			
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/1/91	
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months - Days -		IF UNDER 24 HR Hours - Min. -			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Kansas	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME Grove Williams				13b. MOTHER'S MAIDEN NAME Jessie Bruen		14. NAME OF HUSBAND OR WIFE Evertt Evans	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? No (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 497 14 5565		17. INFORMANT Evertt Evans	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mutual Regurgitation				INTERVAL BETWEEN ONSET AND DEATH 2 hrs			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - DUE TO (c) -							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour - a.m. - p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 9-3-60 to 10-7-60 and last saw her alive on 10-8-60 Death occurred 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. Black (Degree or title) M.D.				22b. ADDRESS King City, Mo.		22c. DATE SIGNED 10-8-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/11/60		23c. NAME OF CEMETERY OR CREMATORY King City		23d. LOCATION (City, town, or county) (State) King City, Missouri	
24. FUNERAL DIRECTOR Poland Clark ADDRESS King City Mo				25. DATE RECD. BY LOCAL REG. 10-16-60		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roland W. Clark

Licensed Embalmer No. 4477

P. O. Address King City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.